Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. ***If you do not adhere to these requirements, your application will be screened out and returned to you without review.*** *In addition to these formatting requirements, programmatic requirements (e.g., relating to eligibility) may be stated in the specific NOFA and in Section III of the standard grant announcement. Please check the entire NOFA and Section III of the standard grant announcement before preparing your application.*

- ❑ Use the PHS 5161-1 application.

- ❑ Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.

- ❑ Information provided must be sufficient for review.

- ❑ Text must be legible.
    - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
    - Text in the Project Narrative cannot exceed 6 lines per vertical inch.

- ❑ Paper must be white paper and 8.5 inches by 11.0 inches in size.

- ❑ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded.
    - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
    - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
    - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your

application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- ❑ The 10 application components required for SAMHSA applications should be included. These are:

  - Face Page (Standard Form 424, which is in PHS 5161-1)
  - Abstract
  - Table of Contents
  - Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - Project Narrative and Supporting Documentation
  - Appendices
  - Assurances (Standard Form 424B, which is in PHS 5161-1)
  - Certifications (a form within PHS 5161-1)
  - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  - Checklist (a form in PHS 5161-1)

- ❑ Applications should comply with the following requirements:

  - Provisions relating to confidentiality, participant protection and the protection of human subjects specified in Section IV-2.4 of the FY 2005 standard funding announcements.
  - Budgetary limitations as specified in Section I, II, and IV-5 of the FY 2005 standard funding announcements.
  - Documentation of nonprofit status as required in the PHS 5161-1.

- ❑ Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.

- ❑ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- ❑ The page limits for Appendices stated in the specific funding announcement should not be exceeded.

- ❑ Send the original application and two copies to the mailing address in the funding announcement. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Program Specific Assurances
That Must Be Met by Capacity Expansion Site Applicants

In accordance with the Public Health Service Act 520G, all Capacity Expansion Site applications must contain the following assurances. Only applicants that are able to provide the following assurances will be eligible for this grant.

I hereby certify that the State, political subdivision of the State, Indian tribe, or tribal organization _____ applying for the TCE Jail Diversion Grant assures the following:

- Community-based mental health services will be available for individuals who are diverted from the criminal justice system.

- The services offered to jail diversion clients will be based on current research findings and include case management, assertive community treatment, medication management and access, integrated mental health and co-occurring substance abuse treatment, and psychiatric rehabilitation.

- The services offered to jail diversion clients will be coordinated with social services, including life skills training, housing placement, vocational training, education job placement, and health care.

- There will be relevant interagency collaboration between the appropriate criminal justice, mental health, and substance abuse systems.

- The federal support provided by this grant will be used to supplement and not supplant, State, local, Indian tribe, or tribal organization sources of funding that would otherwise be available.

- The jail diversion program will be integrated with pre-existing systems of care for those persons with mental illness.

_____ _____

Signature of the chief executive of the State, political subdivision of the State, Indian tribe, or tribal organization — Date

Appendix C – Summary of Evaluation Components

The Technical Assistance and Policy Analysis (TAPA) Center for Jail Diversion was awarded funding in 2002 by SAMHSA/CMHS to serve as a national resource center for jail diversion program information, research, technical assistance, and policy analysis. It also serves as a coordinating center for the CMHS Jail Diversion Targeted Capacity Expansion (TCE) Grant Program, which funded 10 programs in 2002, 7 programs in 2003, and 3 programs in 2004. In this capacity, the TAPA Center designed and coordinates a multi-site evaluation of the CMHS Jail Diversion TCE grantee programs.

The multi-site evaluation addresses the following types of questions of interest to policy makers, researchers, and communities engaged in developing programs:

- What volume of activities (e.g. screening, assessment, evaluations) go into identifying people for diversion?
- How many people are determined eligible/ineligible for jail diversion and what are their characteristics?
- What services do people who are diverted receive?
- Do people who are diverted improve over time in the following areas as a result of services received through the jail diversion program?
    - Reduced arrests/less time spent in jail?
    - Reduced substance use?
    - Obtain housing?
    - Report higher functioning?
    - Improved mental health?
    - Improved physical health?

SAMHSA/CMHS, the TAPA Center, and grantees (including evaluators, program directors/staff, and consumer representatives) participated in the design of the multi-site evaluation and selection of measures. The TAPA Center provides grantee sites with trainings and supportive materials on each evaluation component as well as human subjects protections.

Grantees are required to comply with human subjects protection regulations. This entails the following activities:

- Filing a Federalwide Assurance with the Office of Human Research Projections (OHRP) at the Department of Health and Human Services designating an Institutional Review Board (IRB);
- Obtaining IRB approval for the evaluation;
- Prisoner certification by the IRB and obtaining approval thereof from OHRP;
- Obtaining informed consent from evaluation participants
- Assuring that participant information is kept confidential by:
    - training interviewers to keep all information obtained confidential
    - obtaining releases from participants, where appropriate, that comply with state and federal law, including HIPAA
    - Requesting a Certificate of Confidentiality from SAMHSA

The TAPA Center provides in-depth training by conference call about human subject protections to all grantees.

The following sources of data are included in the TAPA-coordinated evaluation of the jail diversion TCE programs and are described below:

- Events Program
- Person Tracking Program
- Baseline, 6-Month, and 12-Month Interviews
- Service use data
- Arrest data

Events Program

The Events Program is designed to capture the volume of activities ("events") that jail diversion programs engage in to determine whom the program will serve. These activities/events include screenings, assessments, evaluations and court decisions. Basic information about each event is recorded in a Microsoft Access database provided to the grantees by the TAPA Center. The following non-identifying information is included: demographics; charge level and category; and whether the individual is determined to be eligible/ineligible as a result of each event.

Grantees send data extracts from this program to the TAPA Center on a bi-monthly basis.

Person Tracking Program

The Person Tracking Program is designed to record basic information on all individuals who are diverted and served with grant funds, and to help grantees keep track of interview dates for those program participants who agree to take part in the evaluation (see "Interview" section below).

The following types of information about jail diversion program participants is recorded in a Microsoft Access database provided to grantees by the TAPA Center:

- Demographics
- Diagnosis
- Charge level and category
- Point of diversion (e.g. pre-booking, post-booking, probation violation)
- Condition of diversion (e.g. charges not filed, deferred prosecution, condition of bail, etc.)
- Target arrest/incident date, jail release date, program enrollment date
- Status in the evaluation

For those individuals who consent to participate in the evaluation, the Person Tracking Program assists grantees in keeping track of which interviews have been completed or pending. The Person Tracking Program calculates and displays the allowable window of dates within which the interviews are to be completed. The Person Tracking Program also

contains fields for participant contact information to facilitate the location of individuals for follow-up interviews.

Grantees submit bi-monthly data extracts, stripped of identifying information, to the TAPA Center.

Interviews

Each jail diversion program participant should be approached to request their consent for participation in the evaluation. Participants who grant consent are interviewed at Baseline (within 7 days of enrollment into the jail diversion program), at 6 months from the Baseline interview (within a 60-day window) and at 12 months (within a 60-day window. The interviews take approximately 45 minutes to administer. While program staff may administer Baseline interviews, only evaluation staff who are not in any way involved in providing services to program participants may administer follow-up interviews. Data from these interviews (and from other evaluation components) are collected for evaluation purposes only and may not be used for program-related purposes.

The main component of the Baseline, 6- and 12-month interviews are Government Performance and Results Act (GPRA) measures, which include the following areas (self-report):

- Demographics
- Drug and alcohol use
- Family and living conditions
- Education, employment and income
- Crime and criminal justice status
- Mental and physical health problems and treatment

In addition, the interviews include the following additional measures:

- Community Connections trauma scale to gauge traumatic events in the past year and lifetime (Baseline only)
- Colorado Symptom Index to gauge symptoms of mental illness (all interviews)
- Perceived coercion to enter jail diversion program (Baseline only)
- Mental Health Statistics Improvement Program quality of life measures (6 and 12 months only)
- Service use (6 and 12 months only)

Grantees mail the interview instruments to the TAPA Center for data entry. Data are returned periodically to the grantees.

Service Use

In addition to self-reported service use, grantees must collect information from official sources, such as statewide/agency management information systems or other agency records, about the following types of services received following diversion:

- Psychiatric emergency room (ER)
- Other crisis services
- Psychiatric inpatient/hospital
- Mental health and substance abuse outpatient services
- Case management
- Medication management/monitoring
- Residential treatment/community living arrangements
- Detoxification
- Vocational/rehabilitation
- Community support
- Jail services

These data are recorded on a data collection form designed by the TAPA Center. Data on all services received in the 6 months following diversion are required. ER and hospitalization episodes must also be collected for 1 year following diversion.

Arrest and Jail Days Data

Grantees must collect arrest and jail days data from officials sources, such as a statewide criminal justice database. These data are recorded on a data collection form designed by the TAPA Center. Grantees record data on each arrest (and the jail days associated with those arrests) that occurred during the period of 1 year prior to jail diversion and the period of 1 year following jail diversion.

Appendix D– Glossary

Best Practice: Best practices are practices that incorporate the best objective information currently available from recognized experts regarding effectiveness and acceptability.

Catchment Area: A catchment area is the geographic area from which the target population to be served by a program will be drawn.

Cooperative Agreement: A cooperative agreement is a form of Federal grant. Cooperative agreements are distinguished from other grants in that, under a cooperative agreement, substantial involvement is anticipated between the awarding office and the recipient during performance of the funded activity. This involvement may include collaboration, participation, or intervention in the activity. HHS awarding offices use grants or cooperative agreements (rather than contracts) when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

Cost Sharing or Matching: Cost-sharing refers to the value of allowable non-Federal contributions toward the allowable costs of a Federal grant project or program. Such contributions may be cash or in-kind contributions. For SAMHSA grants, cost-sharing or matching is not required, and applications will not be screened out on the basis of cost-sharing. However, applicants often include cash or in-kind contributions in their proposals as evidence of commitment to the proposed project. This is allowed, and this information may be considered by reviewers in evaluating the quality of the application.

Fidelity: Fidelity is the degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the best practice model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the best practice model. A toolkit on how to develop and use fidelity instruments is available from the SAMHSA-funded Evaluation Technical Assistance Center at http://tecathsri.org or by calling (617) 876-0426.

Grant: A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

In-Kind Contribution: In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) that are derived from non-Federal sources, such as State or sub-State non-Federal revenues, foundation grants, or contributions from other non-Federal public or private entities.

Logic Model: A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources, conditions, strategies, short-term outcomes, and long-term impact.

Practice: A practice is any activity, or collective set of activities, intended to improve outcomes for people with or at risk for substance abuse and/or mental illness. Such activities may include direct service provision, or they may be supportive activities, such as efforts to improve access to and retention in services, organizational efficiency or effectiveness, community readiness, collaboration among stakeholder groups, education, awareness, training, or any other activity that is designed to improve outcomes for people with or at risk for substance abuse or mental illness.

Practice Support System: This term refers to contextual factors that affect practice delivery and effectiveness in the pre-adoption phase, delivery phase, and post-delivery phase, such as a) community collaboration and consensus building, b) training and overall readiness of those implementing the practice, and c) sufficient ongoing supervision for those implementing the practice.

Stakeholder: A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

Sustainability: Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

Target Population: The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

Wraparound Service: Wraparound services are non-clinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual's access to and retention in the proposed project.

Appendix E - National Registry of Effective Programs and Practices

To help SAMHSA's constituents learn more about science-based programs, SAMHSA's Center for Substance Abuse Prevention (CSAP) created a National Registry of Effective Programs and Practices (NREPP) to review and identify effective programs. NREPP seeks candidates from the practice community and the scientific literature. While the initial focus of NREPP was substance abuse prevention programming, NREPP has expanded its scope and now includes prevention and treatment of substance abuse and of co-occurring substance abuse and mental disorders, and psychopharmacological programs and workplace programs.

NREPP includes three categories of programs: Effective Programs, Promising Programs, and Model Programs. Programs defined as Effective have the option of becoming Model Programs if their developers choose to take part in SAMHSA dissemination efforts. The conditions for making that choice, together with definitions of the three major criteria, are as follows.

Promising Programs have been implemented and evaluated sufficiently and are scientifically defensible. They have positive outcomes in preventing substance abuse and related behaviors. However, they have not yet been shown to have sufficient rigor and/or consistently positive outcomes required for Effective Program status. Nonetheless, Promising Programs are eligible to be elevated to Effective/Model status after review of additional documentation regarding program effectiveness. Originated from a range of settings and spanning target populations, Promising Programs can guide prevention, treatment, and rehabilitation.

Effective Programs are well-implemented, well-evaluated programs that produce consistently positive pattern of results (across domains and/or replications). Developers of Effective Programs have yet to help SAMHSA/CSAP disseminate their programs, but may do so themselves.

Model Programs are also well-implemented, well-evaluated programs, meaning they have been reviewed by NREPP according to rigorous standards of research. Their developers have agreed with SAMHSA to provide materials, training, and technical assistance for nationwide implementation. That helps ensure the program is carefully implemented and likely to succeed.

Programs that have met the NREPP standards for each category can be identified by accessing the NREPP Model Programs Web site at www.modelprograms.samhsa.gov.

Appendix F - Evidence-Based Practices: Shaping Mental Health Services Toward Recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health.

1. Illness Management and Recovery
2. Medication Management Approaches in Psychiatry
3. Assertive Community
4. TreatmentFamily Psychoeducation
5. Supported Employment
6. Co-occurring Disorders: Integrated Dual Diagnosis Treatment

The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy and can be found at **http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/default.asp.** The Kits contain many useful resources, including:

- Information Sheets for all stakeholder groups
- Introductory videos
- Practice demonstration videos
- Workbook or manual for Practitioners

Each of the six Resource Kits is described below.

Illness Management and Recovery

The Illness Management and Recovery program strongly emphasizes helping people to set and pursue personal goals and to implement action strategies in their everyday lives. The information and skills taught in the program include:

- Recovery strategies
- Practical facts about mental illness
- The Stress-Vulnerability Model and strategies for treatment
- Building social support
- Using medication effectively
- Reducing relapses and coping with stress
- Coping with problems and symptoms
- Getting needs met in the mental health system

Medication Management Approaches in Psychiatry

The Medication Management Approaches in Psychiatry program focuses on using medication in a systematic and effective way, as part of the overall treatment for severe mental illness. The ultimate goal is to ensure that medications are prescribed in a way that supports a person's recovery efforts. The program includes:

- Guidelines and steps for medication decision making, based on current Evidence and outcomes
- Systematic monitoring and record keeping of medications
- Consumer and family member Involvement

Assertive Community Treatment

The goal of Assertive Community Treatment is to help people stay out of the hospital and to develop skills for living in the community, so that their mental illness is not the driving force in their lives. Assertive community treatment offers services that are customized to the individual needs of the consumer, delivered by a team of practitioners, and available 24 hours a day. The program addresses needs related to:

- Symptom management
- Housing
- Finances
- Employment
- Medical care
- Substance abuse
- Family life
- Activities of daily life

Family Psychoeducation

Family Psychoeducation involves a partnership among consumers, families and supporters, and practitioners. Through relationship building, education, collaboration, problem solving, and an atmosphere of hope and cooperation, family psychoeducation helps consumers and their families and supporters to:

- Learn about mental illness
- Master new ways of managing their mental illness
- Reduce tension and stress within the family
- Provide social support and encouragement to each other

- Focus on the future
- Find ways for families and supporters to help consumers in their recovery

Supported Employment

Supported Employment is a well-defined approach to helping people with mental illnesses find and keep competitive employment within their communities. Supported employment programs are staffed by employment specialists who have frequent meetings with treatment providers to integrate supported employment with mental health services. The core principles of this program include:

- Eligibility based on consumer choices and preferences
- Supported employment as an integrated treatment
- Continuous follow-along supports
- Help with moving beyond the patient role and developing new employment-related Roles as part of the recovery process

Co-occurring Disorders: Integrated Dual Diagnosis Treatment

Integrated Dual Diagnosis Treatment is for people who have co-occurring disorders, mental illness and a substance abuse addiction. This treatment approach helps people recover by offering both mental health and substance abuse services at the same time and in one setting.
This approach includes:

- Individualized treatment, based on a person's current stage of recovery
- Education about the illness
- Case management
- Help with housing
- Money management
- Relationships and social support
- Counseling designed especially for people with co-occurring disorders

Appendix G – Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education, 18*(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly, 13*(2), 43-62.

Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. http://cfs.fmhi.usf.edu or phone (813) 974-4651

Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.

Julian, D.A. (l997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning, 20*(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning, 18*(4), 333-341.

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation.* San Francisco, CA: Jossey-Bass Inc.

Appendix H – Part 3 Sample Budget and Justification

ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary being Requested
Project Director	J. Doe	$30,000	1.0	$30,000
Secretary	Unnamed	$18,000	0.5	$ 9,000
Counselor	R. Down	$25,000	1.0	$25,000

Enter Personnel subtotal on 424A, Section B, 6.a. $64,000

Fringe Benefits (24%) $15,360

Enter Fringe Benefits subtotal on 424A, Section B, 6.b. $15,360

Travel

2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ $600 x 4 = $2,400) + (per diem @ $120 x 4 x 6 days = $2,880)	$5,280
Local Travel (500 miles x .24 per mile)	120

Enter Travel subtotal on 424A, Section B, 6.c. $ 5,400

Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) $5000.

Enter Equipment subtotal on 424A, Section B, 6.d.

Supplies

Office Supplies	$500
Computer Software - 1 WordPerfect	500

Enter Supplies subtotal on 424A, Section B, 6.e. $1,000

Contractual Costs

Evaluation

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	$48,000	$24,000	0.5
Other Staff		$18,000	$18,000	1.0
Fringe Benefits (25%)		$10,500		

Travel

2 trips x 1 Evaluator ($600 x 2)	$ 1,200	
per diem @ $120 x 6	720	
Supplies (General Office)	500	
Evaluation Direct		$54,920
Evaluation Indirect Costs (19%)		$10,435
Evaluation Subtotal		$65,355

Training

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	$ 12,000
Admin. Asst.	N. Jones	0.5	$ 9,000
Fringe Benefits (25%)			$ 5,250

Travel

2 Trips for Training	
Airfare @ $600 x 2	$ 1,200
Per Diem $120 x 2 x 2 days	480
Local (500 miles x .24/mile)	120

Supplies

Office Supplies	$ 500
Software (WordPerfect)	500

Other

Rent (500 Sq. Ft. x $9.95)	$ 4,975
Telephone	500
Maintenance (e.g., van)	$ 2,500
Audit	$ 3,000

Training Direct	$ 40,025
Training Indirect	$ -0-

Enter Contractual subtotal on 424A, Section B, 6.f. **$105,380**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

Other

Consultants = Expert @ $250/day X 6 day $ 1,500
(If expert is known, should list by name)

Enter Other subtotal on 424A, Section B, 6.h. **$ 1,500**

Total Direct Charges (sum of 6.a-6.h)
Enter Total Direct on 424A, Section B, 6.i. **$192,640**

Indirect Costs

15% of Salary and Wages (copy of negotiated indirect cost rate agreement attached)

Enter Indirect subtotal of 424A, Section B, 6.j. **$ 9,600**

TOTALS

Enter TOTAL on 424A, Section B, 6.k. **$202,240**

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to a) waive indirect costs if an award is issued, or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

CALCULATION OF FUTURE BUDGET PERIODS
(based on first 12-month budget period)

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of $175,700 is effective for all FY 2005 awards.) *

	First 12-month Period	Second 12-month Period	Third 12-month Period
Personnel			
Project Director	30,000	30,000	30,000
Secretary**	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-199.
**Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies***	1,000	520	520

***Increased amount in 01 year represents costs for software.

Contractual			
Evaluation****	65,355	67,969	70,688
Training	40,025	40,025	40,025

****Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.

Appendix I - Schematic Outline of the Criminal Justice Processing Spectrum